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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIDMATION NO 10/522 716 01/20/2006 Akito Tanaka 265233US0XPCT 7461

TITLE OF INVENTION: METHOD OF INHIBITING NONSPECIFIC INTERACTION BETWEEN MOLECULES ON SOLID PHASE SUPPORT PREV. PAID ISSUE FEE DATE DUE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE TOTAL FEE(S) DUE \$1810 03/08/2011 NO \$1510 \$300 SO nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS VALENROD, YEVGENY 1621 562-561000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Oblon, Spivak. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 McClelland, Maier (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 & Neustadt, L.L.P. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 1) REVERSE PROTEOMICS RESEARCH INSTITUTE CO., LTD. 1) Kisarazu-shi, JAPAN ASTELLAS PHARMA INC. 2) Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Transmitted via-EFS-Web. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee interest as shown by the records of the Un uired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in FEB 1 8 2011 Authorized Signature Registration No. 58,014 Paul J. Killos Registration No. Typed or printed name This collection of information is required by 37 CPR 1.311. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.SC. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestion for rection (including all process). The confidential is a suggestion of rection (including all process) and a suggestion for rection (in this briden and/or suggestion for rection (in this briden and) the sent to the Christian (in this briden and or rection of the suggestion for rection (in this briden and the suggestion for rection (in this briden and the suggestion for rection (in this briden and in the suggestion for rection (in the suggestion for rection (in this briden and in the suggestion for rection (in the suggestion for rection (in this briden and in the suggestion for rection (in the suggestion f

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